



800 W Diamond Ave
Suite 600
Gaithersburg, MD 20878

March 28, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee

The Honorable Antonio Hayes
Vice Chair, Senate Finance Committee

Re: House Bill 905- Hospitals - Clinical Staffing Committees and Plans - Establishment

Position: *Oppose*

April 1, 2025

Senate Finance Committee

On behalf of Adventist HealthCare, we appreciate the opportunity to comment in opposition of House Bill 905.

As President and CEO of Adventist HealthCare, I manage the operations of four hospitals in Maryland: Adventist HealthCare Shady Grove Medical Center, Adventist HealthCare White Oak Medical Center, Adventist HealthCare Fort Washington Medical Center, and Adventist Rehabilitation. Each of our hospitals has well-established processes for determining appropriate staffing levels. These processes are informed by The Joint Commission and Centers for Medicare and Medicaid Services. These organizations establish requirements and national guidelines which prioritize patient safety and positive clinical outcomes.

Adventist HealthCare recognizes the importance of engaging our frontline team members in making staffing decisions. This collaborative approach ensures that those directly involved in patient care have a voice in determining appropriate staffing levels. Our safety and care centered approach has driven our patient safety and employee satisfaction scores. In fact, two of our hospitals, Adventist White Oak Medical Center, and Adventist Fort Washington Medical Center both earned Leapfrog Safety Grade A ratings in 2024.

Hospital staffing plans are reviewed and updated several times a day to account for fluctuating patient volumes, bed availability, individual patient acuity, and the availability and experience of clinical staff. Hospitals need real-time flexibility to respond to and accommodate complex, evolving circumstances. A single, centralized staffing committee lacks the dexterity needed to respond in real time to volume changes and care demands.

Additionally, clinical staffing plans must be developed by clinical team members. These decisions require specific knowledge and expertise to ensure patient safety. While we fully support engaging front line staff in these decisions, clinical staffing should be guided by clinical personnel while non-clinical staff can inform non-clinical staffing.

Adventist HealthCare is deeply committed to supporting our workforce and to collaborating on solutions that strengthen our workforce and advance health care in Maryland. We are concerned that HB 905 fails to reflect the complexities of hospital staffing and does not address the root cause of workforce shortages.

For these reasons, we request an *unfavorable* report on HB 905.

Respectfully,

John Sackett
President and CEO,
Adventist HealthCare